# **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

#### For State and Local Candidates For Single-Candidate Committees

1. DATE OF REPORT	2 a NAME OF C	44 1515 475 67		· · · · · · · · · · · · · · · · · · ·
July 15, 2010		ANDIDATE OR COMMITTEE		
2.b. IF COMMITTEE, NAME OF CANDIDATE	120	b Healy	·	
ReB Kenly			3. ELECTION DATE	
4.a. CAMPAIGN ADDRESS AND PHONE			<u> </u>	
Street or Rural Route	City	State	Zip Code	
2420 Some Kickery	SE CLO	Thusselph, Tid	•	Phone
4.b. CANDIDATE'S HOME ADDRESS (if different	than 4.a.)	THOUSENER, THE	31403 (42)	<u>3) 305 -9553</u>
Street or Rural Route	City	State	Zip Code	Phone
7505 Royal Hambour CT C	alternact		1363 (423	1 322-6641
5. OFFICE SOUGHT (include district number, if		6. NAME OF POLITICAL	TREASURER (may be	candidate)
Mayor of Charen	225	Kim W	contem	
7. CATEGORY OR REPORT (Check one)	F**1			
FIRST SECOND THIRD  QUARTER QUARTER OLIARTER	FOURTH	. PRE- PRE-	i≰] MiÐ-YEAR	YEAR-END
8.a. BEGINNING DATE OF REPORTING PERIOD	QUARTER	PRIMARY GENERAL 8.b. ENDING DATE OF REPO	SUPPLEMENTAL	SUPPLEMENTAL
January 16, 2010				
9. (Check one)	·	June 30	<u>, 2010                                  </u>	······································
a. [ ] This campaign is even at feet detail	4 diameters -			
<ul> <li>This campaign is exempt from detailed tures total \$1,000 or less for this report</li> </ul>	i disclosure becaus ting period. (Comp	e contributions (including in-k dete items 12d, 12e, and 12f	tind) received total \$1,00	00 or less AND expendi-
b. This campaign is required to file a dev	in the contract of the contrac	120., 120. dita 121.	.,	
b. This campaign is required to file a deta and/or expenditures total more than \$	ared financial discions of the control of the contr	osure because contributions (i ina period.	including in-kind) receive	ed total more than \$1,000
	<u> </u>	V		
I/we do solemnly swear or affirm that the inf     accurate accounting of campaign contribution	ormation contained	in this campaign financial di	Sclosure report is true a	and that this sapart is an
accurate accounting of campaign contribution Financial Disclosure Act. Additionally lives	ns and expenditure	s required to be reported by the	he candidate committee	by the Campaign
Financial Disclosure Act. Additionally, I/we s benefit of the candidate or for any other non-				he personal financial
$\bigcirc$			;	7
Took Heel	7/6/10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	of political treasure	7/2/10
signature of candidate	( date	signature	of political treasure	date
11. WITNESS SIGNATURE				
WITNESS SIGNATURE				"
- Sun B Son F	7/7/10	in 1	40	alel.
signature of witness	date	- V. G. G. Signa	iture of witness	_ [[6]10
				' date
12. SUMMARY				
a. BALANCE ON HAND LAST REPORT			9791	
= = = = = = = = = = = = = = = = = = =			s <u>01.11</u>	
b. TOTAL RECEIPTS THIS PERIOD			\$	
			·	
c. TOTAL DISBURSEMENTS THIS PERIOD			\$	
d. BALANCE ON HAND (12 a plus 12 b mis	um 10 a l			30.4
d. BALANCE ON HAND (12.a. plus 12.b. mir	lus 12.0.)		\$	8191
e. TOTAL LOANS OUTSTANDING		• • • • • • • • • • • • • • • • • • • •		~
e TOTAL LOANS OUTSTANDING	H (0: 03	TOTAL STE	\$	· · · · · · · · · · · · · · · · · · ·
f. TOTAL OBLIGATIONS OUTSTANDING		99141100 VIA 1 12	\$	2,120,42
	100	Control of the contro	<u> </u>	·

#### **SUMMARY PAGE - CANDIDATE**

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		T COVERING THE PERIOD
KeB Keply	FROM: 1/16	10: 6/30 10
RECEIPTS  15. CONTRIBUTIONS (other than loans and interest)		
a. Uniternized Contributions (\$100 or less from each source this period)	\$	
b. Itemized Contributions (over \$100 from each source this period)	\$	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 15.a. and 15.b.)		\$
16. LOANS RECEIVED THIS REPORTING PERIOD	•••••	\$
17. INTEREST RECEIVED THIS REPORTING PERIOD		ss
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in item 12.b.)		s <u>O</u>
DISBURSEMENTS		
19. EXPENDITURES (other than loan payments)		
a. Expenditures (\$100 or less each payee this period) (must be listed by category - e	e.g., printing, po	ostage, gasoline)
\$		
\$		
\$	<b></b>	
\$		
<u> </u>		
s		
<u> </u>		
\$		
<u> </u>	<del>- ·</del>	
Total of Expenditures (\$100 or less each payee)	\$	
b. Itemized Expenditures (Over \$100 each payee this period)	\$	
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. and 19.b.)		\$
20. LOAN REPAYMENTS MADE THIS PERIOD		\$
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in item 12.c.)		ss
22.IN-KIND CONTRIBUTIONS		
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$	
b. Itemized in-kind contributions (over \$100 from each source this period)	\$	<del></del>
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 22.a. and 22.	b.)	s <u> </u>
23. OBLIGATIONS		<del></del>
a. Unitemized Obligations Outstanding (\$100 or less each)	\$	
b. Itemized Obligations Outstanding (Over \$100 each)		·
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (must be shown i ite		



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Page \_\_\_\_\_ of \_\_\_\_\_

## **ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE**

NAME OF CANDIDATE OR COMMITTEE	ING THE PERIOD					
ROB Heal	FROM: 1/16/10	TO: 6 30 10				
3. TOTAL ITEMIZED CAMPAIGN CONTRIBUT	Amount					
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	)					
First Name	Middle Nam	ne	Contribution Received For:		Amount of Contribution	
Last Name/Organization Name	<u> </u>		Primary Election	General Election		
Address		<del></del>	D Down # # and District	0.13		
10/01			Runoff (Local Election	is Only)	_	
City	State Zip Code			Date of Contribution		
Occupation		· · · · · · · · · · · · · · · · · · ·				
Employer	<del></del>		_			
First Name	Middle Nar	ne	Contribution Received For		Amount of Contribution	
Last Name/Organization Name	1		Primary Election	General Election		
Address			Runoff (Local Election	ns Only)		
City	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation	L	<u> </u>	_			
Empkoyer			_			
Lambuyer						
First Name	Middle Nart	ne	Contribution Received For	;	Amount of Contribution	
Last Name/Organization Name		<del></del>	Primary Election	General Election		
			ET FINISHY CIECTION	Genteral Election		
Address		Runoff (Local Electio	ns Only)			
	State Zip Code		ł		<b>i</b>	
City	State	Zip Code	Date of Contribution		Aggregate This Election	
City  Occupation	State	Zip Code	Date of Contribution		Aggregate This Election	
	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation	State	Zip Code	Date of Contribution		Aggregate This Election	
Occupation	State Middle Nar		Date of Contribution  Contribution Received For:		Aggregate This Election  Amount of Contribution	
Occupation Employer			Contribution Received For.	☐ General Election		
Occupation Employer First Name			Contribution Received For.			
Occupation Erriployer First Name Last Name/Organization Name			Contribution Received For:			
Cocupation Eniployer First Name Last Name/Organization Name Address	Middle Nar	ne	Contribution Received For:  [ ] Primary Election [ ]  [ ] Runoff (Local Election		Amount of Contribution	
Occupation  Employer  First Name  Last Name/Organization Name  Address  City	Middle Nar	ne	Contribution Received For:  [ ] Primary Election [ ]  [ ] Runoff (Local Election		Amount of Contribution	
Occupation  Emiployer  First Name  Last Name/Organization Name  Address  City  Cocupation	Middle Nar	ne	Contribution Received For:  [ ] Primary Election [ ]  [ ] Runoff (Local Election		Amount of Contribution	
Occupation  Emiployer  First Name  Last Name/Organization Name  Address  City  Cocupation	Middle Nar	Tip Code	Contribution Received For:  [ ] Primary Election [ ]  [ ] Runoff (Local Election		Amount of Contribution	

## **ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE**

1. NAME OF CANDIDATE OF				2. REPORT COVERING THE PERIOD FROM: \(\(\begin{array}{ccccc} \in \cdot \				
	(			······································	Amount Amount			
_·			GE (enter \$0 if first itemized page)					
4. COMPLETE THE APPROPRIA	ATE ITEMS FOR EACH ITE	MIZED IN-KIND CONT	RIBUTION (in-kind contributions totaling ma		stributor during the period)			
First Name	Middle I	Name	In-Kind Contribution Received  Primary Election	For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name			1 <u> </u>	Runoff (Local Elections Only)				
ddress N			Date of In-Kind Contribution	Date of In-Kind Contribution Aggregate this Election				
City	State	Zip Code	Description of In-Kind Contribution		•			
Occupation	Employer							
First Name	Middle	Name	In-Kind Contribution Received Primary Election	For: General Election	Value of In-Kind Contribution			
Last Name/Organization Name	·		Runoff (Local Elections					
Address	··· 1/4/// 1/4/-//		Date of In-Kind Contribution		Aggregate this Election			
City	State	Zip Code	Description of In-Kind Contribution	<u> </u>	.1			
Occupation	Employer							
First Name	Middle	Name	In-Kind Contribution Received	Value of In-Kind Contribution				
Last Name/Organization Name	· · · · · · · · · · · · · · · · · · ·		Runoff (Local Elections	General Election  Only)				
Address			Date of In-Kind Contribution	<del></del>	Aggregate this Election			
City	State	Žip Code	Description of In-Kind Contribution					
Occupation	Employer		·····					
First Name	Middle	Name		In-Kind Contribution Received For:				
Last Name/Organization Name				☐ Primary Election ☐ General Election ☐ Runoff (Local Elections Only)				
Address			Date of In-Kind Contribution					
City	State	Zip Code	Description of In-Kind Contribution		1			
Occupation	Employer							
First Name	Middle	Name	In-Kind Contribution Receive	d For	Value of In-Kind Contribution			
Last Name/Organization Name				General Election				
Address			Runoff (Local Elections  Date of In-Kind Contribution	s Only)	Aggregate this Election			
C:ty	State	Zip Code	Description of In-Kind Contribution		ਮੁਸੰਬੰਦਰੀ ਹਵਾ ਸਭਾ ਦਰਿਆ। ਸਮੁਸੰਬੰਦਰੀ ਹਵਾਲੇ ਸਮੁਸੰਬੰਦਰੀ ਸਿੰਬੰਦਰੀ ਸਮੁਸੰਬੰਦਰੀ ਸਿੰਬੰਦਰੀ ਸ			
Occupation	Employer	2.0000						
TOTAL ITEMIZED IN-KIN     (Carry forward to item 3. of next j		rm are used.)						
(If this is the last page of in-kind of			иттагу.)					
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#### ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER	ING THE PERIOD		
ROB Henry				FROM: 1 16/10	TO: 6/30/10		
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU	RES FRO	M PRECEDING PAGE	(enter \$0 if first itemized pa	· ·	Amount		
4. COMPLETE THE APPROPRIATE ITEMS FOR E.					iod)		
First Name	Middle Nam		Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name Address							
City	State	Zip Code					
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	<u> </u>	<u> </u>			,		
Address							
City	State	Z:p Code					
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	1						
Address	ddress				ĺ		
City	State	Zio Code					
First Name	Middle Nam	e	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name	<u> </u>						
Address			-				
City	State	Zip Code					
	}						
First Name	Middle Nam	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address							
City	State	Zip Code	]				
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name							
Address			1				
City	State	Zip Code	-				
TOTAL ITEMIZED EXPENDITURES     (Carry forward to item 3, of next page if additional page (If this is the last page of expenditures, this amount mu							

#### **ITEMIZED STATEMENT OF LOANS - CANDIDATE**

1. NAME OF CANDIDATE OR CO					<del></del>		2. R	EPORT CO	OVERIN	NG THE PERIOD
Rob He							FRO 1	1661 1	ი	6/30/10
3. COMPLETE THE APPROPRIAT	E ITEMS F	OR EACH IT	EMIZ	ED LOAN (I	oans totaling m	ore than \$100	from any source di	ring the pend	od]	
Complete the Following for the Source	of the Loan									
First Name Middle Name Outstanding L (Beginning o										
Last Name/Organization Name	V.	<u>ن</u>		1						•
Address Loan Received  Primary E										
City	State	Zip Code	•	1 .	Local Elections					
	List All Endors	sers or Guara	ntors fo	or Above Loa	n (If more spa	ce is needed	please attach a	page)		
First Name		Middle Name			First Name				Middle N	lame
Last Name/Organization Name				7	Lasi Name/Or	janization Nam	же			
Address					Address					
City		State	Zip C	ode	City		<u></u>		State	Zip Code
Amount Guaranteed Outstanding		•	·		Amount Guara	nteed Outstand	ding	- 1		<del></del>
First Name Middle Name				First Name Middle Name						
Last Name/Organization Name			· · · · · · · · · · · · · · · · · · ·	Las: Name/Organization Name						
Address				· · · · · · · · · · · · · · · · · · ·	Address					
City	City State Zip Gode				City State Zip Code				Zip Code	
Amount Guaranteed Outstancing					Amount Guara	nleed Outstan	ding			
First Name		Middle Name			First Name				Middle	Name
Last Name/Organization Name		<del>' ,</del>	~	<del></del> .	Last Name/Organization Name					
Address					Address	•	,			
City		State	Zip C	ode	City				State	Zip Code
Amount Guaranteed Outstanding					Amount Guara	mleed Outstan	ding		•	•
First Name	····	Middle Name	!	<u>-</u>	First Name		· <del>-</del>		Middle	Name
Last Name/Organization Name		<u> </u>		<del></del>	Last Name/Or	ganration Nar	me		<u> </u>	<del>, , , , , , , , , , , , , , , , , , , </del>
Address				TI	Address	<del></del>	<del></del>			
City		State	Zip C	Code	Crty				State	Zip Code
Amount Guaranteed Cutstanding		•		<u>_</u>	Amount Guara	inteed Cutstan	dirig		t	··· •
4. Totals for all Loans (complete on last page of itemized loans) (3otal loans received should also be shown in item 16, on summary page.)				Outstanding L (Beginning		Loens Received	Loar Payme		Outstanding Loan Balance (End of Pened)	
(Total loan payments should also be shown (Total outstanding loan balance should also	ın item 20. on :	summary page.	}							(

## ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE		2. REPORT COVERING THE PERIOD			
- Kob Hea		FROM: 1/16		/30/10	
<ol> <li>COMPLETE THE APPROPRIATE ITEMS F</li> </ol>	OR BACH ITEMIZED	Outstanding Balance	Debt Incurred	Payments	Outstanding Balance
OBLIGATION (obligations totaling more that person/vendor at the end of the reporting per	) \$100 owed to any	(Beginning of Period)	This Period	This Period	(End of Period)
First Name	Middle Name				
Last Name/Business Name	<u> </u>	-			
Kennedy KOONTE F	PARKISH				
320 N. Holtza		]			445.70
City	State Zip Code	†			
Charranoogn	TN 37404	1			
Description of Obligation Legister F-ces					
First Name	Middle Name			<del></del>	
Last Name/Business Name Emer-son Russell's	C =	]			
I Address	CATERINA	1			\$2512.775
2929 Kighon		_			23,5
Ringgold	State Zip Code	]			
Description of Obligation	GA 3:734	<u>L</u>		<u> </u>	
Campaign Event	-				
First Name	Middle Name	· · · · · · · · · · · · · · · · · · ·		V	<u> </u>
				}	
Last Name/Business Name				ļ	
Address		1			
		]			
City	State Zip Code		j	1	
Description of Obligation	<del></del>	<del></del>	<u> </u>	<u> </u>	
First Name	Middle Name			1	
		]		1	
Last Name/Business Name				ļ.	
Address		-		İ	
City	State Zip Code	1	İ	[	
Description of Obligation	<u> </u>	<del></del>		L	<u> </u>
First Name	Middle Name				
Last Name (Province Many		_			
List Name/Business Name					]
Address	<u></u>	†		•	
City	Laure Far-	1			
w.,	State Zip Code				
Description of Obligation	· · · · · · · · · · · · · · · · · · ·		L	L	i
					1
4. TOTALS			1		
(Total from Outstanding Balance - (End of Period) of in item 23b, on summary page.)	column must also be shown				2958.45
CO 4427 (D 402)	<del> </del>	<u></u>	i	<u> </u>	

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